

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589705

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		2				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		3				
18		1				
19	1					
20		1				
21		1				
22		2				
23		1				
24		1				
25		1				
26	1					
27		1				
28		1				
29		3				
30		1				
31		1				
32		1				
33	1					
34		1				
35						
36		3				
37		1				
38	1					
39						
40		1				
41		1				
42	1					
43						
44		1				
45		1				
46	1					
47		1				
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54	1					
55	1					
56	1					
57			1			
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64			1			
65				1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			17			